

# Employment/Income Verification

Date: \_\_\_\_\_

This is an authorization to release information regarding the employment of:

\_\_\_\_\_

(Employee's Name)

Please provide the gross income for the past 30 days.

Thank you,

\_\_\_\_\_

(Employee's Signature)

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## To Be Completed By Employer

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Pay Frequency (Check One)

- Monthly – Fill out 1 line below
- Bi-weekly – Fill out 2 lines below
- Weekly – fill out 4 lines below

Pay Period Dates	Gross Payment

\_\_\_\_\_  
(Signature of Person Completing Form)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)